

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2762

State File No. ....

FILED FEB 13 1943  
Registration District No. 193

Primary Registration District No. 42975483

Registrar's No. 2

1. PLACE OF DEATH

(a) County Linn Benton  
(b) City or town Burdin Mo  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 years  
(Specify whether years, months or days)  
In this community 50 years

3. (a) PRINT FULL NAME

George Wilson Hesel  
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Melvina Hesel 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased October 5 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Madison Co. Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel Hesel  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Marie Golden  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Hesel  
(b) Address Burdin Mo

17. (a) Burial (b) Date thereof Jan 5 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burdin Mo

18. (a) Signature of funeral director Schaden  
(b) Address Miller Mo Frank D.

19. (a) Feb 5 1943 (b) Wm C C Woolf  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Burdin  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. Benton Twp.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2  
year 1943 hour 3 minute 30 p. M.

21. I hereby certify that I attended the deceased from January 1 1943 to January 2 1943  
that I last saw him alive on January 2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure  
Duration

Due to Acute Cholecystitis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury 2

23. Signature Willard H. Hays (M. D. or other) Do  
Address Burdin Mo Date signed 1-5-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Frank D. Schoen*

Licensed Embalmer No.

*2016*

P. O. Address

*Wilmar, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license)

If this body is not embalmed, fact should be so stated above.